## FUNDING AND REFERRAL SOURCES FOR VOCATIONALLY ORIENTED REHABILITATION FACILITIES

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In a national survey on referral and funding sources for vocationally oriented rehabilitation facilities, the 147 respondents indicated that the average number of referral sources for a given facility was 4.4 while funding sources averaged 4.1. The range of funding and referral sources was 1-12, with a total of 20 different sources noted. The study indicated that while having multiple funding and referral sources is common practice among vocationally oriented rehabilitation facilities, there is no single source of information regarding the funding and referral sources available.

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The current mechanisms for obtaining funding and referrals in vocationally oriented rehabilitation "facilities are very complex. The 1976 catalog of federal assistance (HEW, 1976) contains 1,026 entries on federal grant programs serving the handicapped, administered by 54 federal departments or agencies. Some 129 of these separate grant programs administered by 20 federal departments or agencies are identified as being applicable to funding for rehabilitation facility programs (Richman, 1977). These programs do not include state or local government funding, contract funding, or foundation grants, all of which are potentially available to rehabilitation facilities.

Referral sources are equally numerous and complex, although referrals typically come through local offices of state agencies and other local sources, including private or public programs, individuals, and clients themselves. The complexities of human service programs in the public sector contribute to a lack of coordination of services in private agencies. Trying to integrate the private and public systems on a national level is almost overwhelming. The federal government provides no nationwide coordination. The numerous specifications and requirements for reports, evaluation, audits, and specific organizational arrangements are as confounding to legislators and governmental officials as they are to local vocationally oriented rehabilitation facility administrators.

The Association of Rehabilitation Facilities (ARF) was organized in response to these and other similar concerns to represent public and private community-based agencies which serve a wide variety of handicapped persons with a comprehensive array of services. One of the outstanding committees of ARF is the Vocational Committee, and a task force of

that committee undertook a limited scope national study in 1977 to look at sources of referrals and funding in ARF-affiliated, vocationally oriented rehabilitation facilities. Some of the major questions of concern were:

- 1. What are the sources of referral and funding that can be utilized by vocational facilities other than state vocational rehabilitation agencies?
- 2. Where can facilities go to obtain money for construction?
- 3. What information can ARF disseminate to facilities that will be beneficial to them, and in what manner should it be disseminated?
- 4. What role should ARF take in developing sources of referral and funding?

## **Survey Procedure**

Existing data, goals and the objectives of the committee\* revealed a need to conduct a survey on a national scale to obtain information regarding current fundjng and referral sources at the present time. The survey form, available upon request from the senior author, was mailed to 342 agencies associated with ARF who designated themselves as having a vocational orientation. A return rate of 43.8% was obtained. Of the 150 suveys returned, three were not sufficiently completed and were therefore disregarded, leaving a 43% return of usable forms. The committee considered the responses adequate for their purposes and no attempt was made to obtain additional returns.

There were 147 facilities responding to item 1, "What were the sources of referral and funding of clients to your facility?" The average number of referral sources to a given facility was 4.4. Only a very limited number of facilities indicated that referrals came from only one agency. The maximum referral sources to any one facility was 12. Table 1 highlights the response to sources of referrals and funding. Under the "all other" category for referrals and funding sources, Veterans Administration, public schools, vocational education programs, developmental disabilities agencies, private insurance companies, workman's compensation programs, Bureau

Table 1 Sources of Referrals and Funding

	Referrals		Funding	
	No. Re-	% of Total Case	No. Re-	% of Total
<u>-</u>	porting	Load	porting	Funds
Own State VR Agency	142	53.8	137	42.9
Some Other State VR Agency	29	1.3	29	1.6
Mental Retardation Agencies	64	10.5	49	10.5
Workshop (Self referrals and earned income)	1	.1	45	9.6
Mental Health Agencies	64	7.3	50	9.5
Public Welfare Agencies C E T A	52 25	5.0 2.1	42 36	8.8 3.4
Community Support	3	.3	38	2.8
All Others	252	19.6	165	10.9

of Indian Affairs, and private foundations were given.

It is interesting to note that state vocational rehabilitation agencies accounted for over 50% of the referrals to vocationally oriented rehabilitation facilities. By combining in- and out-of-state rehabilitation agency referrals, one can account for 55.1% of the total referrals. No other single source accounted for more than 10.5% of the total client service population.

State agencies of rehabilitation also accounted for the largest percentage of financial support, a combined total of 44.5%. However, this level of financial support is 10.6% less than the level of referrals. The "all others" sources listed in Table 1 were similar for both referral and funding but did account for a lesser percentage of funding than one might have anticipated.

The largest difference in funding and referral sources is under "workshop (self-referral and earned income)" with 9.5% more earned income than selfreferrals. The low "self-referral rate probably results from the practice of referring "walk-ins" on to a fee paying sponsor who then assumes the referral agency designation. The 9.6% "earned income" suggests that the programs generate very little income from production or manufacturing activities. While responses to this category were not totally clear as to whether funds for client wages were included, it still appears to be low for vocationally oriented rehabilitation facilities. The other pairings of referral and funding sources are more compatible in that most referral sources pay a negotiated fee based on client attendance. Comparing the percentage of referrals to funding should give a rough index as to the equitableness of the two. The most consistent match of referral and funding sources was from mental

<sup>•</sup>The committee was chaired by Dr. Clinton Wainwright; Dr. Jerry Parham; Ms. Sarah Doelling, Rehabilitation Counselor. Division of Workman's Compensation, Jefferson City, Missouri; Mr. Thurber Owens, Arkansas Facilities Specialist, Little Rock, Arkansas; and Mr. Chris Graham, Assistant Director, Vocational Rehabilitation Center, North Texas State University, Denton, Texas made up the committee.

retardation agencies where 10.5% of both referral and income existed. In the other categories the percentage of funding was greater than the percentage of referrals.

On question two, "How have you learned about the various sources of funding?", 137 usable responses were received. There were 12 primary sources identified. These are listed in Table 2 in descending order of frequency. It is interesting to note that five individuals indicated that they have not learned about sources of funding, eight persons did not respond to the question.

Table 2
Responses to: "How Have You Learned About the Various Sources of Funds?"

	various bources of funds:	
Rank	Responses	
1	Colleagues and Personal Contacts	
2	Newsletters and Publications (Other than ARF)	
3	ARF (Mainly through Newsletter)	
4	State Vocational Rehabilitation Agency	
5	Self-exploration	
6	State Agencies (Other than VR)	
7	National, Regional. State and Local Associations	
8	Local Agencies	
9	Meetings, Workshops and Conferences	
10	Federal Agencies	
11	Reading Laws and Regulations	
12	Developmental Disabilities	
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To question three, "If you have engaged in any construction, expansion, or renovation of your physical plants this past year, where did you go to obtain funds?", 78 (52%) responded that they had engaged in such activities. Table 3 lists the sources identified in descending order of frequency. In addition to the 10 primary sources identified, 51 administrators indicated that the question was not applicable to them, 6 gave no response, 9 indicated that no construction had taken place in their facility over the past year, and 6 responses described construction that was completed in prior years. The responses to this item give some suggestions as to potential sources for construction funds. However, the responses were not sufficiently clear for the authors to speculate about percentage of construction funds, total dollar amounts, or how many programs may have been denied funds. Nevertheless, it is surprising that 52% of the respondents indicated that they had engaged in construction when it has been reported that programs are under utilized (Greenleigh, 1975) and such funds are frequently referred to as being scarce.

Table 3

Sources of Construction, Expansion or Renovation Funds
Rank Sources

- 1 Vocational Rehabilitation
- 2 Private Foundations
- 3 Local Government and Revenue Sharing
- 4 Earned Income and Operating Capital
- 5 Local Fund Raising Drives and Contributions
- 6 Hill-Burton Funds
- 7 State Appropriations
- 8 Private Rank Loans
- 9 Small Business Administration
- 10 Developmental Disabilities

provide to you that would be most beneficial." In order to make the varied responses more interpretable, they were force fitted into the following three categories: (a) responses specifying general information (see Table 4); (b) responses specifying general information (see Table 5): and (c) responses specifying purposes for which funding is sought (see Table 6). Of the 126 agencies responding to this question, nearly everyone gave multiple responses.

Table 4

Respo	nses Specifying General Form of Information	Requested
Rank		N
1	Available Sources	7S
2	Application Procedures	40
3	Eligibility Criteria	28
4	New Funding Sources and Changes	21
5	Legislative Summaries and Updates	16

Table 5
Responses Specifying Sources of Interest

Rank		N
1	Federal	38
2	Grants	22
3	State	17
4	Regional	6
5	Foundations	5
6	Small Business Loans	4
T	Private Sector	3
8	Local	2
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Table 6

Resp	onses Specifying Purposes for Which Funding is	Sought
Rank		N
1	Capital Expenditures	29
2	Rehabilitation	15
3.5	New Program Development	14
3.5	Client Services	14
5	Operating Expenses	10
6	Technical Assistance	5
i	Program Expansion	4
8	Research and Demonstration	2
9	Transportation	1

When asked in question 5, "Should ARF take an active role helping to develop sources of referral and funding?, 124 agencies (86.1%) responded positively, 7 negatively, and 13 gave no response. Those responding affirmatively were asked to indicate how ARF could be most helpful. Most saw ARF taking an active role liaisoning with governmental agencies (N = 20). Other suggestions included providing

information and technical assistance, coordination with other associations and organizations, and promotional activities with non-governmental sources.

## Conclusion

The results of this investigation suggest that more pertinent information regarding funding and referral sources is desired by vocationally oriented rehabilitation facility administrators. Furthermore, one could conclude that some collective action is called for and that ARF may be the most desirable vehicle through which to work. The data also indicate that single sources of funding and referral continue to exist but the current pattern is toward multiple sources. There also appears to be a great deal of discrepancy between level of funding and level of referral from any given source. This has led the authors to conclude that referral sources do not necessarily pay their fair share for services provided by vocationally oriented rehabilitation facilities. This is considered to be a very salient factor for administrators to explore when developing referral and funding sources. Frequently, locally based community service agencies cannot deal effectively with referral and funding sources on a state, regional, and national level, and collective action through organizations such as ARF might be more effective.

Confusion and lack of coordination among various funding and referral sources is most evident in the latter questions of the survey. For example, how an agency finds out about referral and funding sources varied considerably, and some agencies did not find out at all. The dissemination of information regarding funding and referrals seems to be unorganized, haphazard, and almost accidental in reaching the community-based service agency administrator. This raises a serious question regarding responsibility in communication. Is it up to each individual administrator to find out about each funding body, or is it the funding agency's responsibility to make known its resources, or should there be some single source to provide a more coherent picture? Given the possible alternatives, the role of ARF should be very active according to the perceptions of respondents to the questionnaire.

In keeping with the mission of the task force of the Vocational Committee, a report was made by the chairman to the board of ARF at the annua! conference in Boston, May 1977. ARF since has published Federal Grants and Financial Assistance for Rehabilitation Facilities: The Funding Resource Finder (Riehman, 1977). This authoritative and comprehensive document again points up the multiplicity of funding sources potentially available to facilities for funding which reaches into the billions of dollars.

A number of other recent publications, such as the Greenleigh Report (1975), the U.S. Department of Labor's report on sheltered workshops (June, 1977), and the working paper by the Committee for Development of Direct Long-term funding for Workshops and Activity Centers (June, 1977), point to the need for a more adequate system of referral and finding for vocationally oriented rehabilitation facilities, While there is discrepancy in specific statistical data from report to report and to this limited scope study, all would seem to indicate that the current pattern of human service is highly diversified, confusing and under-funded.

The 1970s have not seen a continuation of the expansion in number of facilities of the previous two decades. Accountability and reassessment have become far more important. There has been a noticeable fiscal restraint among funding sources, a continuing skepticism about the effects of social service innovations, and a valid demand for strong justification of what programs are doing (Spaniol, 1977). If real progress in service delivery, funding and referral is ever to come about in rehabilitation, it will require planned efforts on a national scale. If the local community-based service agency administrators do not become pro-active in this planning effort, then it will either not take place or be taken over by the federal bureaucracy. Neither of these alternatives is satisfactory. Likewise, university-based educators and researchers should not be expected to take the responsibility. A joining together of all concerned parties including the client/consumer is most desirable. In today's national funding and referral picture, no agency is an island, and unified efforts are a must if we are to succeed in providing comprehensive quality services to the many persons needing rehabilitation.

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